New York State Referral of Human Trafficking Victim

FAX TO 518-485-9611

Social Services Law § 483-cc requires that this form be completed and sent to the Division of Criminal Justice Services and the Office of Temporary and Disability Assistance as soon as practicable after a first encounter with a person who reasonably appears to be a human trafficking victim.

Date Form Faxed: ____/_____/_____ Time Form Faxed: _____ : ____ a.m. / p.m. (circle one)

Victim's Name: _____Victim's DOB: ____/____/_____

Victim's Gender:_____

Was victim trafficked from another country? YES__ NO__ DON'T KNOW__

Penal Law crime committed against victim: Sex Trafficking/Penal Law § 230.34 __ Labor Trafficking/Penal Law § 135.35 __

Incident number: _____

Date & Jurisdiction where Penal Law crime occurred:_____

Is victim willing to assist in investigation/prosecution of trafficker(s)? YES___ NO___

Was victim arrested? YES__ NO__ Court case is pending in:_____

Statutory Referral Source:

_____

Contact person:_____

Telephone (_____) _____ E-mail _____

Address _____

If a service provider or local social services department is involved or has been contacted, please provide name or any other contact information. _____

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Please indicate the facts and circumstances regarding Penal Law crime committed against victim and the victimization upon which this referral is based. Describe any force, fraud, or coercion used and be as specific as possible. Use additional sheets if necessary.

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